

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

August 12, 2003

Re: IRO Case # M2-03-1538

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the ___ reviewer who reviewed this case, based on the medical records provided, is as follows:

History

The patient is a 50-year-old female who on ___ was mopping and moving boxes and developed back pain. Physical therapy, a TENS unit and injections were not of significant help. The patient had associated left lower extremity discomfort. An EMG on 6/6/02 was normal. An MRI on 6/10/02 suggested right L4-5 and L5-S1 difficulty, especially at L5-S1, but this was noted to be on the side opposite the patient's symptoms. A CT scan on 10/9/02 showed some degenerative disk disease changes without any evidence of nerve root compression, and did not substantiate the MRI evidence of trouble at the L5-S1 level. Discography on 4/8/03 showed concordant pain at the L5-S1 level.

Requested Service(s)

Lumbar laminectomy, posterolateral fusion with instrumentation, allograft, anterior lumbar disectomy with interbody fusion at L5-S1 with cages and bone graft

Decision

I agree with the carrier's decision to deny the requested treatment.

Rationale

The proposed extensive procedure would be directed at a level in the lumbar spine that is very questionably the source of the patient's difficulty. It would be based only on discographic evaluation. Straight leg raising has been noted to be negative by most of the examiners, and the records presented for this review indicate no neurologic deficit and no evidence of instability at the L5-S1 level or elsewhere. From the records presented, it appears that weight loss and the passage of time might be beneficial.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669, Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 12th day of August 2003.